

PCT REQUEST		For receiving Office use only	
		International Application No.	
		International Filing Date	
		Name of receiving Office and "PCT International Application"	
		Applicant's or agent's file reference <i>(if desired) (12 characters maximum)</i>	
		P-537/WO	
Box No. I TITLE OF INVENTION USE OF BENZONAPHTHOAZULENES FOR THE MANUFACTURE OF PHARMACEUTICAL FORMULATIONS FOR THE TREATMENT AND PREVENTION OF CENTRAL NERVOUS SYSTEM DISEASES AND DISORDERS			
Box No. II APPLICANT		<input type="checkbox"/> This person is also inventor	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> PLIVA-ISTRAZIVACKI INSTITUT d.o.o. Prilaz baruna Filipovica 29 HR 10000 Zagreb HRVATSKA		Telephone No. +385 1 372 1240	
		Facsimile No. +385 1 372 1249	
		Teleprinter No.	
		Applicant's registration No. with the Office	
State (that is, country) of nationality: HR		State (that is, country) of residence: HR	
This person is applicant <input type="checkbox"/> all designated States for the purposes of:		<input checked="" type="checkbox"/> all designated States except the United States of America <input type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)			
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</i> MERČEP, MLADEN Majstora Radonje 10 HR 10 000 Zagreb HRVATSKA		This person is: <input type="checkbox"/> applicant only <input checked="" type="checkbox"/> applicant and inventor <input type="checkbox"/> inventor only <i>(If this check-box is marked, do not fill in below.)</i> Applicant's registration No. with the Office	
State (that is, country) of nationality: HR		State (that is, country) of residence: HR	
This person is applicant <input type="checkbox"/> all designated States for the purposes of:		<input type="checkbox"/> all designated States except the United States of America <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box	
<input checked="" type="checkbox"/> Further applicants and/or (further) inventors are indicated on a continuation sheet.			
Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE			
The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:		<input type="checkbox"/> agent <input checked="" type="checkbox"/> common representative	
Name and address: <i>(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)</i> PLIVA - ISTRAZIVACKI INSTITUT d.o.o. PRAVNI I PATENTNI POSLOVI Prilaz baruna Filipovica 29 HR-10000 Zagreb HRVATSKA		Telephone No. +365 1 372 1240	
		Facsimile No. +365 1 372 1249	
		Teleprinter No.	
		Agent's registration No. with the Office	
<input type="checkbox"/> Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.			

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p> <p>MESIĆ, MILAN Slavenskog 8 HR 10 000 Zagreb HRVATSKA</p>		<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p>
<p>State (that is, country) of nationality: HR</p> <p>This person is applicant <input type="checkbox"/> all designated <input type="checkbox"/> all designated States except <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box for the purposes of: <input type="checkbox"/> States <input type="checkbox"/> the United States of America</p>		<p>State (that is, country) of residence: HR</p>
<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p> <p>PEŠIĆ, DIJANA Prokljanska 18 HR 22 000 Šibenik HRVATSKA</p>		<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p>
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<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p> <p>OZIMEC LANDEK, IVANA Oroslavská 21 HR 10000 Zagreb HRVATSKA</p>		<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p>
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<p>Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)</p> <p>TROJKO, RUDOLF S.Kranjcevica 7 HR 43000 Bjelovar HRVATSKA</p>		<p>This person is:</p> <p><input type="checkbox"/> applicant only</p> <p><input checked="" type="checkbox"/> applicant and inventor</p> <p><input type="checkbox"/> inventor only (If this check-box is marked, do not fill in below.)</p> <p>Applicant's registration No. with the Office</p>
<p>State (that is, country) of nationality: HR</p> <p>This person is applicant <input type="checkbox"/> all designated <input type="checkbox"/> all designated States except <input checked="" type="checkbox"/> the United States of America only <input type="checkbox"/> the States indicated in the Supplemental Box for the purposes of: <input type="checkbox"/> States <input type="checkbox"/> the United States of America</p>		<p>State (that is, country) of residence: HR</p>
<p><input type="checkbox"/> Further applicants and/or (further) inventors are indicated on another continuation sheet.</p>		

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

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Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (i.e. country) of residence if no State of residence is indicated below.)

RUPCIC, RENATA
Nasicka 5
HR 10000 Zagreb
HRVATSKA

This person is:

 applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
HRState (that is, country) of residence:
HRThis person is applicant all designated all designated States except the United States of America only the States indicated in for the purposes of: States the United States of America the Supplemental Box

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This person is applicant all designated all designated States except the United States of America only the States indicated in for the purposes of: States the United States of America the Supplemental Box Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. V DESIGNATIONS

The filing of this request constitutes under Rule 4.9(a), the designation of all Contracting States bound by the PCT on the international filing date, for the grant of every kind of protection available and, where applicable, for the grant of both regional and national patents.

However,

- DE Germany is not designated for any kind of national protection.
 - KR Republic of Korea is not designated for any kind of national protection.
 - RU Russian Federation is not designated for any kind of national protection

(The check-boxes above may be used to exclude (irrevocably) the designations concerned in order to avoid the ceasing of the effect, under the national law, of an earlier national application from which priority is claimed. See the Notes to Box No. V as to the consequences of such national law provisions in these and certain other States.)

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)		Number of earlier application	Where earlier application is:		
national application: country or Member of WTO	regional application*: regional Office	international application receiving Office			
item (1) 30.01.2004	P20040104A	HR			
item (2)					
item (3)					

Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (*only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office*) identified

* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 1.1(b)(vii)).

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA/EP

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year) **Number** **Country (or regional Office)**

Box No. VIII DECLARATIONS

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of declarations

- | | | |
|--------------------------|--------------------|--|
| <input type="checkbox"/> | Box No. VIII (i) | Declaration as to the identity of the inventor |
| <input type="checkbox"/> | Box No. VIII (ii) | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent |
| <input type="checkbox"/> | Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application |
| <input type="checkbox"/> | Box No. VIII (iv) | Declaration of inventorship (only for the purposes of the designation of the United States of America) |
| <input type="checkbox"/> | Box No. VIII (v) | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty |

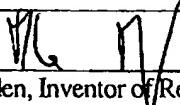
Box No. IX CHECK LIST; LANGUAGE OF FILING

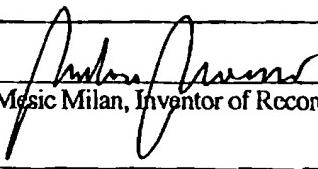
This international application contains:	This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):	Number of items
(a) in paper form, the following number of sheets:		
request (including declaration sheets) : 6	<input type="checkbox"/> fee calculation sheet	: 1
description (excluding sequence listings and/or tables related thereto) : 28	<input type="checkbox"/> original separate power of attorney	:
claims : 8	<input type="checkbox"/> original general power of attorney	:
abstract : 1	<input type="checkbox"/> copy of general power of attorney; reference number, if any:	:
drawings : 0	<input type="checkbox"/> statement explaining lack of signature	:
Sub-total number of sheets : 43	<input type="checkbox"/> priority document(s) identified in Box No. VI as item(s):	:
sequence listings :	<input type="checkbox"/> translation of international application into (language):	:
tables related thereto :	<input type="checkbox"/> separate indications concerning deposited microorganisms or other biological material	:
(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)	<input type="checkbox"/> sequence listing in computer readable form (indicate type and number of carriers)	:
Total number of sheets : 43	<input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)	:
(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))	<input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter	:
(i) <input type="checkbox"/> sequence listings	<input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) together with relevant statement as to the identity of the copy or copies with the sequence listings part mentioned in left column	:
(ii) <input type="checkbox"/> tables related thereto	<input type="checkbox"/> tables in computer readable form related to sequence listing (indicate type and number of carriers)	:
(c) <input type="checkbox"/> also in computer readable form (Section 801(a)(ii))	<input type="checkbox"/> copy submitted for the purposes of international search under Section 802 (b-quarter) only (and not as part of the international application)	:
(i) <input type="checkbox"/> sequence listings	<input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802 (b-quarter)	:
(ii) <input type="checkbox"/> tables related thereto	<input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column	:
Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the		
<input type="checkbox"/> sequence listing:		
<input type="checkbox"/> tables related thereto:		
(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)		
Figure of the drawings which should accompany the abstract:	Language of filing of the international application: English	

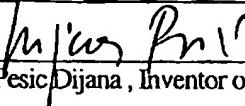
Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE*Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).*

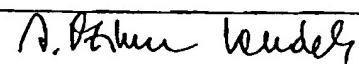
		Additional signatures on following sheet
For receiving Office use only		
1. Date of actual receipt of the purported international application:		2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:		
4. Date of timely receipt of the required corrections under PCT Article 11(2):		
5. International Searching Authority (if two or more are competent) ISA /		
6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid.		
For International Bureau use only		
Date of receipt of the record copy by the International Bureau:		

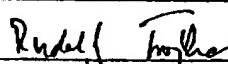
Box No. X (supplemental) SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE


Mercep Mladen, Inventor of Record


Mesic Milan, Inventor of Record


Pesic Dijana, Inventor of Record


Ozimec Landek Ivana, Inventor of Record


Trojko Rudolf, Inventor of Record


Rupcic Renata, Inventor of Record